

Transportation and the Aging Population Presentation to the NC House Select Committee on Strategic Transportation Planning and Long Term Funding Solutions

**Presented by: Blair Barton-Percival, Director
Piedmont Triad Regional Council Area Agency on Aging
January 8, 2018**

Aging in the US

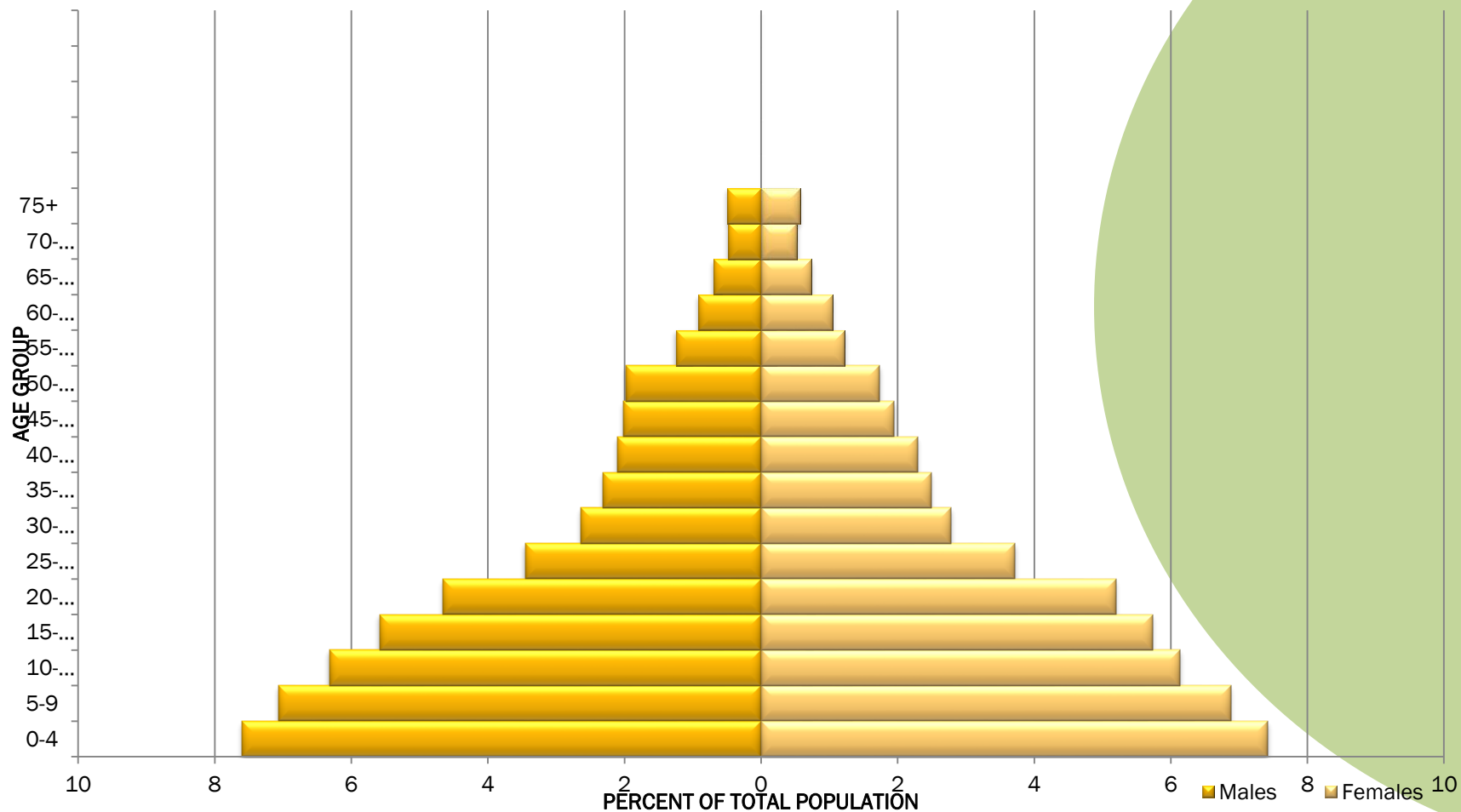
Every Day in the US:

10,000 persons are turning age 65

Ranked 9th in Age 65+ Population

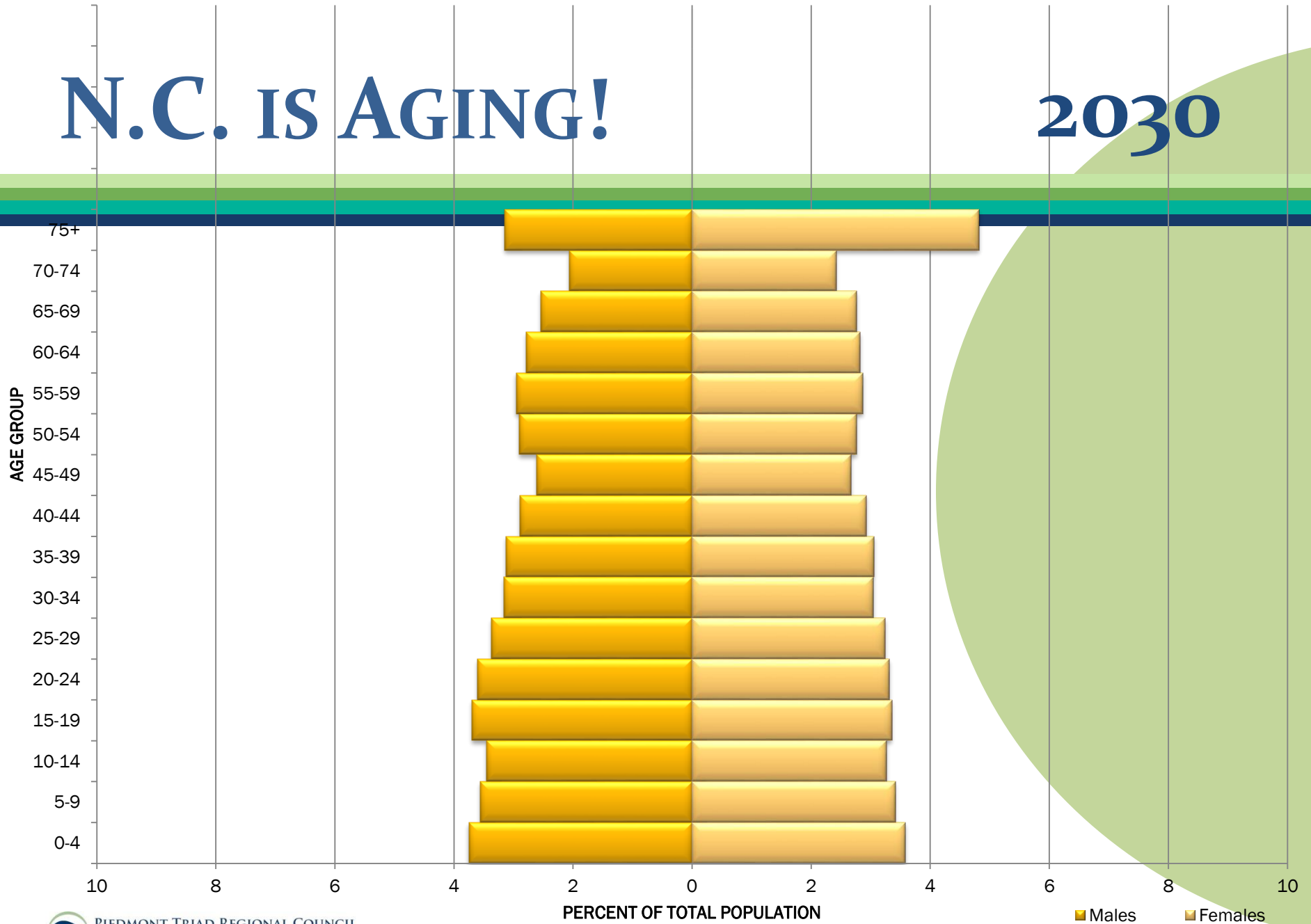
Rank	State	Population (millions)
1	California	4.4
2	Florida	3.4
3	Texas	2.7
4	New York	2.6
5	Pennsylvania	2.0
6	Ohio	1.6
7	Illinois	1.6
8	Michigan	1.4
9	North Carolina	1.3
10	New Jersey	1.2

North Carolina 1900



N.C. IS AGING!

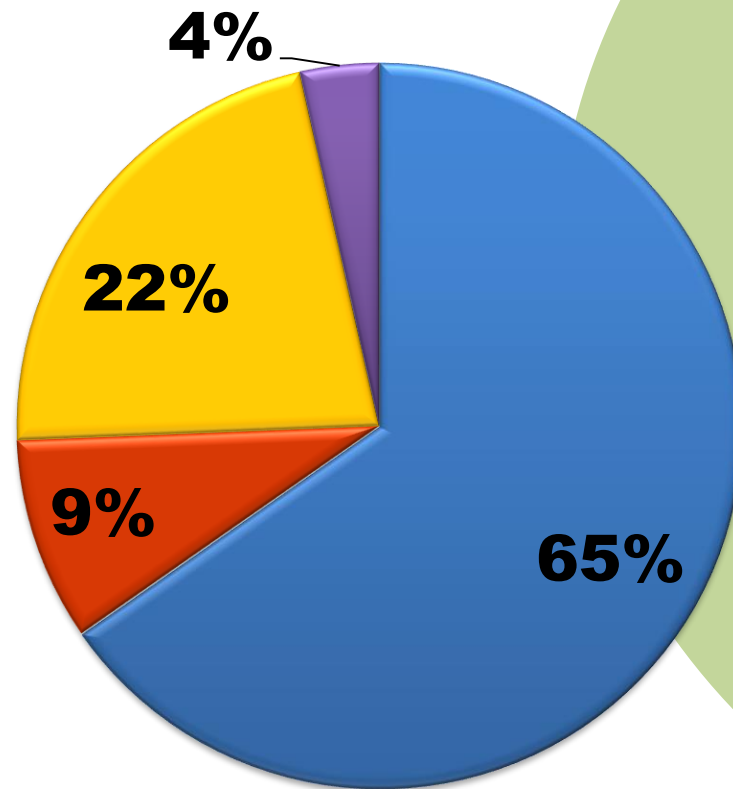
2030



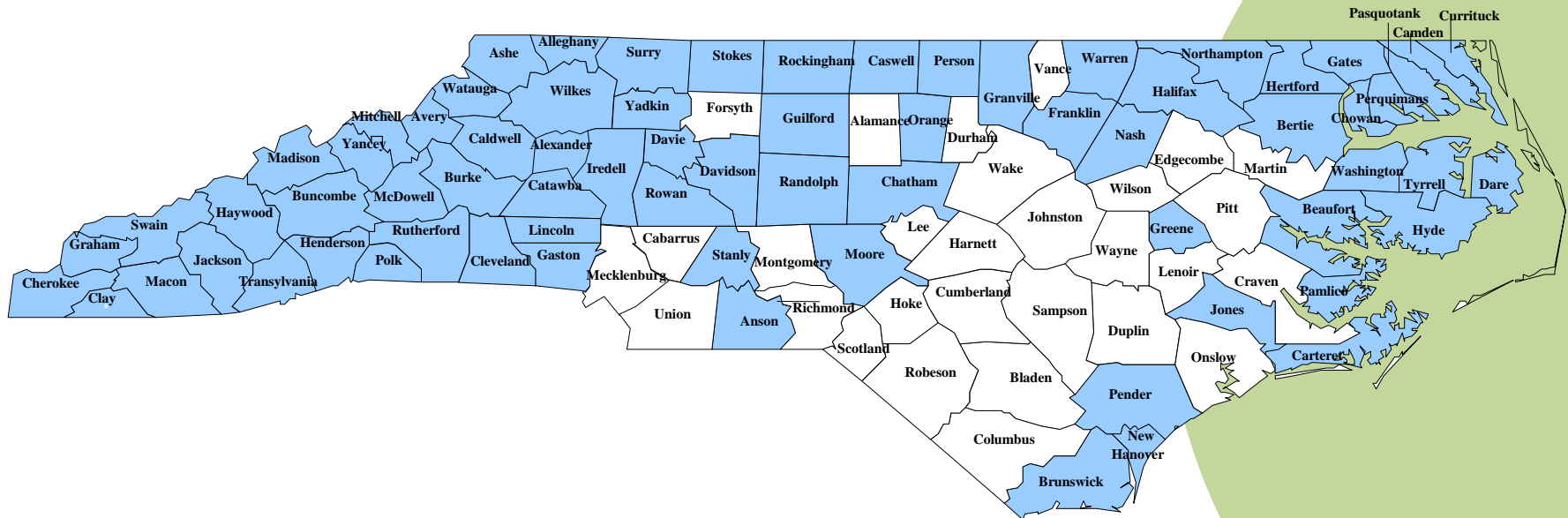
NC Demographics

People age 60 or older

- **Family Household**
- **Living Alone - Men**
- **Living Alone - Women**
- **Group Quarters**



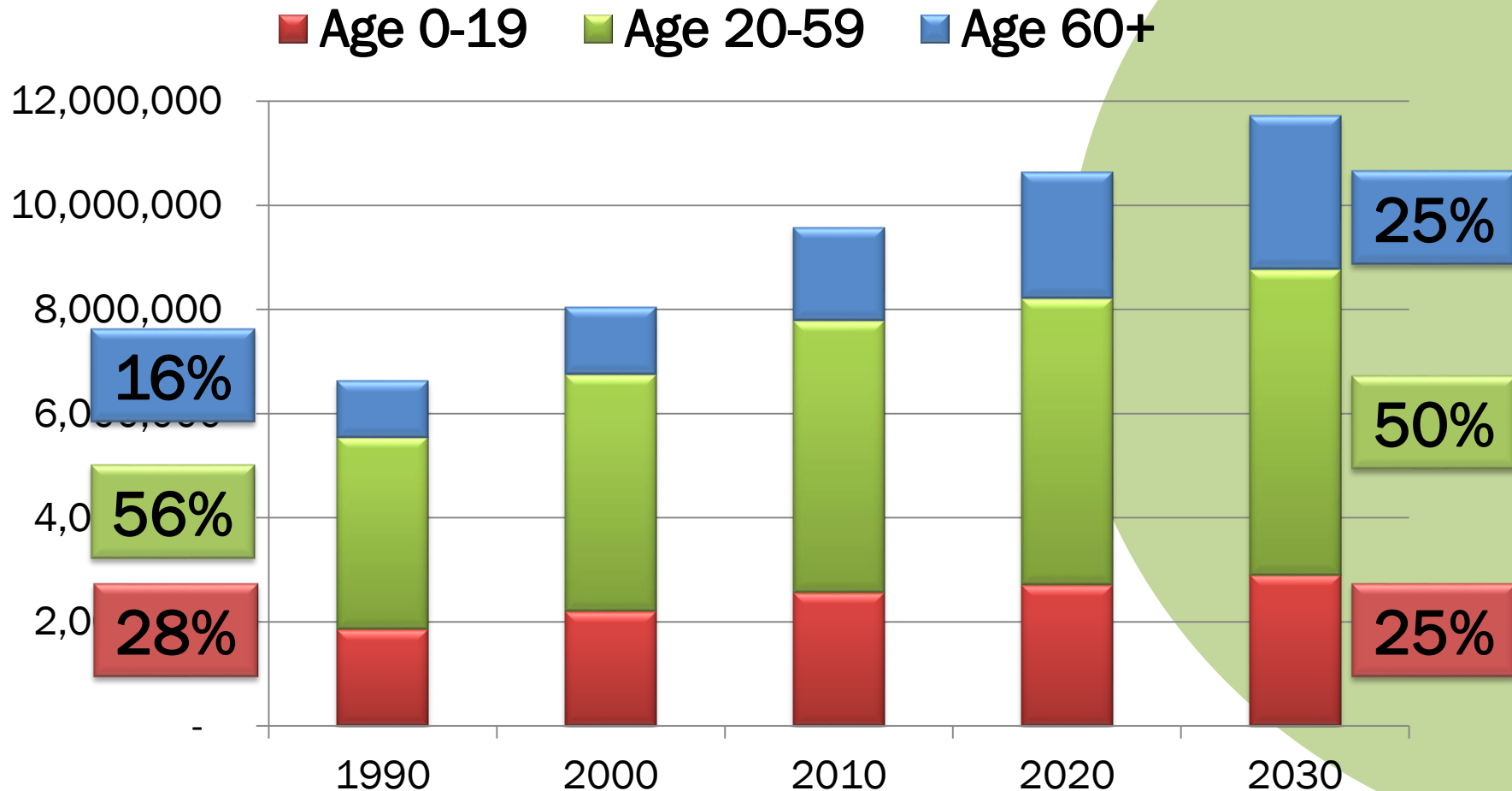
2030 “Younger” & “Older” Counties



Counties with more 60+ than 0-17 (86)

Counties with more 0-17 than 60+ (14)

NC Age 60+ Has Greatest Growth



NC's Population age 60 and up

In 2016:

The number of persons age 60 and up in NC was 2,169,194.

This represents 21% of the population. This number is expected to rise to 26% over the next two decades.

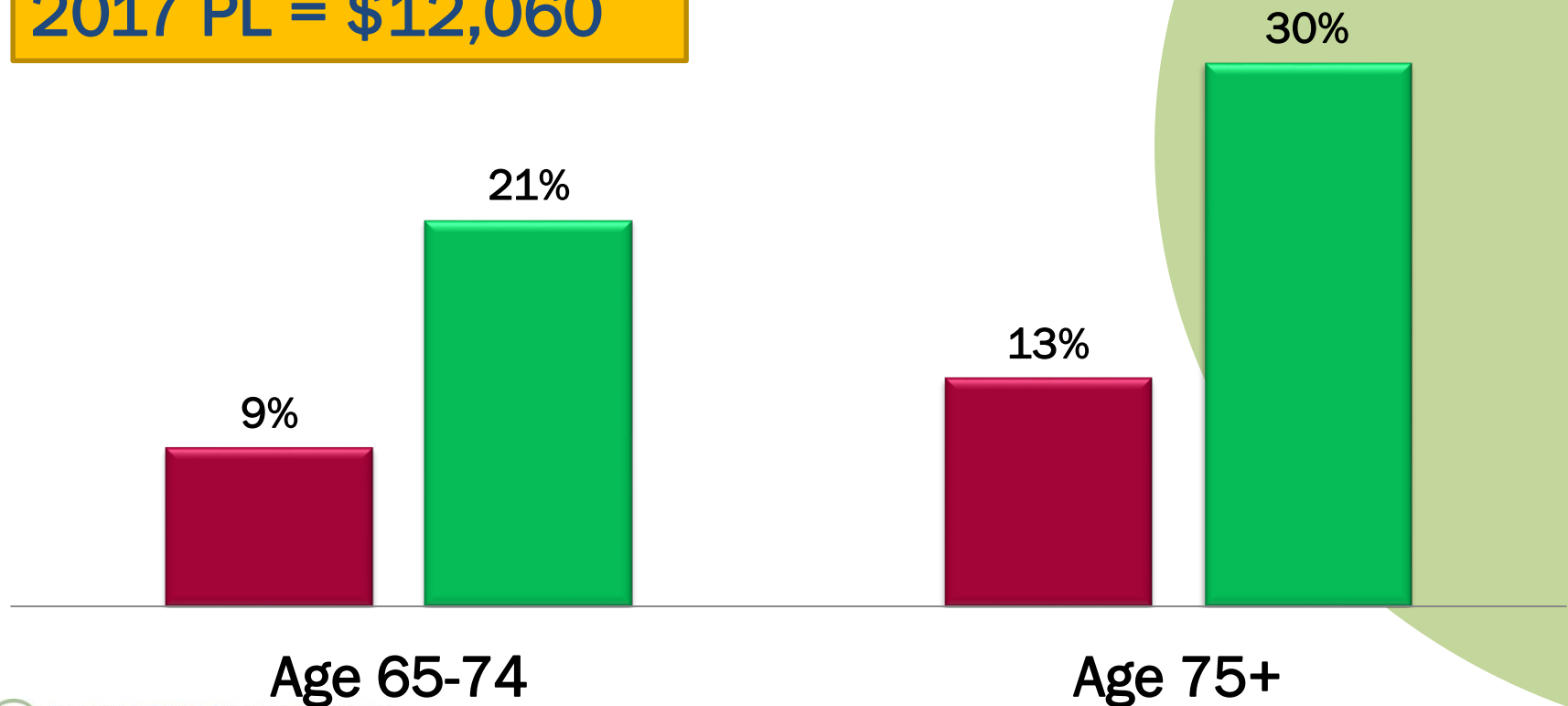
NC Bureau of Labor Statistics

Poverty Status

■ Below Poverty Level

■ 100-199% of Poverty Level

2017 PL = \$12,060



How long might a person need transportation assistance?

Life Expectancy

Person's Age in 2016	Number of additional years expected to live
60-64	23.1
65-69	19.3
70-74	15.6
75-79	12.4
80-84	9.5
85+	7.1

NC State Center for Health Statistics

Transportation and Health

Transportation is an important **social determinant of health** in all communities.

The availability of reliable transportation impacts a person's ability to:

- access appropriate and well-coordinated healthcare
- purchase nutritious food
- obtain medication and other healthcare supplies

Rural Health Information Hub

Transportation and Health

Adults who lack transportation to medical care are more likely to have chronic health conditions that can escalate to a need for emergency care if not properly managed.

Wallace, Hughes-Cromwick, Mull and Khasnabis (2005)

Transportation Barriers: Access to Healthcare

Transportation Barriers lead to:

- Missed or delayed appointments
- Delayed care
- Missed or delayed medication use
- Poorer management of chronic illnesses
- Poorer health outcomes

Sayed, Gerber and Sharp (2013)

Transportation Barriers: Access to Healthcare

3.6 million people in the US do not obtain medical care due to transportation barriers. These individuals were more likely to be older, poorer, less educated, female, and from an ethnic minority group.

Sayed, Gerber and Sharp (2013)

Transportation Barriers: Health and Environmental

- Unable to walk the distance to drop off/pick up sites
- Path to onboarding site is not navigable for persons with walking difficulties or assistive devices (ex. walker, cane)
- No stamina to wait for long periods for pick up
- No shelter at pick up site during inclement weather
- Traffic signal is too fast for them to cross safely

Transportation Barriers: Psychological and Emotional

- Finding information about resources
- Feeling vulnerable to other populations on the bus or van. Public transportation is referred to in the community as the “Mobile Mental Health Unit”
- Stigma in rural communities - transport vehicle is referred to as the “Welfare Wagon”.

Transportation Barriers:

Logistical Barriers

- Many providers require 24-48 hour notice
- No weekend, after hours or emergency services
- Limited approved locations
- No helpers or aides provided for the vulnerable on the bus, van or train
- Door to door and door through door often not available

Benefits of Providing Transportation for Older Adults

- Fewer missed appointments
- Reduced length of hospital stay
- Fewer emergency room visits
- Reduced costs of care

Wallace, Hughes-Cromwick, Bologna and Mull (2005)

Home and Community Care Block Grant (HCCBG)

- Serves persons age 60 and up
- Is 1% of the total budget spent on transportation. Other sources include EDTAP, NC DOT and Medicaid.

[www.http://ncdot.gov/download/about/finance/ncdot_funding_distribution.pdf](http://ncdot.gov/download/about/finance/ncdot_funding_distribution.pdf)

Transportation Services - HCCBG

Statewide:

Medical Transportation - 120,462 trips*

General Transportation - 529,792 trips*

PTRC AAA Region:

Medical Transportation - 24,202 trips*

General Transportation - 83,914 trips

PTRC AAA is providing 1/5 of the statewide Medical transportation

*a trip = one way

Transportation-Persons Served

Statewide Medical Transportation: 3,799

Statewide General Transportation: 5,609

PTRC AAA Region Medical Transportation: 375

PTRC AAA Region General Transportation: 787

Prediction

Existing Funding Levels

- Inadequate funding
- Inadequate services
- Serving fewer people
- Poorer health outcomes and quality of life for adults aging in North Carolina

Recommendations

- Increase Funding for Home and Community Care Block Grant (HCCBG)
- Investigate changing trends and payment models in healthcare
- Opportunities within transitioning North Carolina from traditional fee-for-service Medicaid to Managed Care
- Focus funding on addressing social determinants of health and save on the higher expenses of nursing home care on the back end

Contact Information

Blair Barton-Percival
PTRC AAA Director

email: bbpercival@ptrc.org

web: www.ptrc.org

phone: 336-904-0300